

Supplementary Table 1. Summary of shoulder studies

Condition	Nature of injection	Outcome & duration at time of outcome	Quality (Jadad)
(Adebajo, 1990) ¹⁶ Acute rotator cuff tendonitis (subacromial impingement syndrome) (<3 months duration. Excluded were anyone with cortisone injection within 3 months, glenohumeral arthritis or acromioclavicular arthritis or suspected rotator cuff tear; systemic arthropathy or recent peptic ulceration or gastrointestinal bleeding or sensitivity to NSAIDs. All NSAIDs stopped 1 week before study start) Age mean = 51–54 years. Conducted in the UK	Subacromial steroid injection 1 ml (triamcinolone hexacetamide 80 mg) plus 2 ml local anesthetic vs 3 ml of local anaesthetic. 0.5% lignocaine. Also 3rd arm of oral diclofenac 50 mg three times daily. Given by a Rheumatologist. Prednisone equivalent = 100 mg	Superior to NSAID (Diclofenac) superior to placebo with respect to improvements in visual analogue scale pain; change in range active abduction in degrees and change in function limitation. Outcome at 4 weeks Term used 'responders' E=14/2 C=0/20 control Diclofenac 6/20	5/5
(Blair, 1996) ¹⁷ Chronic rotator cuff tendonitis (>3 months duration) Included: no previous cortisone injections to the joint; no os acromiale on x-ray; no clinical or radiological signs of a full thickness tear; double contrast arthrography or MRI to rule out tears in patients with atrophy or weakness and those over 60 years of age Age = 33–81 years. Conducted in the US	Subacromial steroid injection (2 ml triamcinolone 40 mg) + 4 ml local anesthetic vs 6 ml local anesthetic (1% lidocaine without epinephrine. Given by an Orthopedic surgeon. Prednisone equivalent = 50 mg.	Effective compared with placebo injection with respect to visual analogue scale pain, negative impingement sign, improvement in forward elevation, external & internal rotation & performance in daily living in the short-term. Outcome at 28–38 weeks term used 'negative impingement sign E=16/19 C=8/21	5/5
(Petri, 1987) ¹⁹ Painful stiff shoulder (includes painful arc with 3 findings: painful abduction at any degree of motion or painful arc of movement from 45 degrees to 120 degrees or tenderness over the insertion of the supraspinatus tendon. Excluded were patients with significant glenohumeral arthritis; supraspinatus injection in the previous 3 months suspicion of a rotator cuff tear and contraindication to the use of NSAID) Age not reported. Conducted in the US	Subacromial bursa steroid injection (1 ml triamcinolone 40 mg) plus 3 ml of 1% lidocaine vs 4ml of 1% lidocaine. There was also a group who received naproxen 500 mg twice daily. Given by a Rheumatologist. Prednisone equivalent = 50 mg.	Superior to NSAID superior to placebo with respect to pain, abduction, limitation of function. Combination steroid plus NSAID no added benefit compared with steroid alone. Outcome at 4 weeks term used 'remission' E=7/25 C=2/25 control naproxen 5/25	5/5
(Plafki, 2000) ²⁰ impingement syndrome (>3 months duration. Inclusion criteria were impingement syndrome based on positive sign according to Neer and Hawkins. Excluded were cervical radiculopathy, prior subacromial steroid injection; adhesive capsulitis, full or partial thickness tear of rotator cuff; calcific tendonitis; disorders of the acromioclavicular joint; and shoulder instability) Age mean = 42–44 years range = 27–63 years. Conducted in Germany	Subacromial steroid injection (either 10 mg triamcinolone acetamide or dexamethasone-21-palmitate 4 mg) plus 10mls 0.5% Bupivacaine vs 10mls 0.5% Bupivacaine. Given by an Orthopedic surgeon. Prednisone equivalent = 26.66 mg.	Not more effective than placebo with respect to overall Patte score for pain, function & force. Outcome at 26 weeks term used excellent result E1=11/16; E2=8/16; C=0/10	0/5

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<p>(Vecchio, 1993)²¹ Acute rotator cuff tendonitis (<3 months. Included were shoulder pain exacerbated by movement against resistance in either abduction, external rotation or internal rotation and passive range of movement approximately normal if the active range was limited by pain. Excluded were frozen shoulder; clinical rotator cuff tears; bicipital tendonitis; acromioclavicular arthritis or local infection) Age median = 56 years Conducted in the UK</p>	<p>Subacromial injection methylprednisolone 40 mg plus 1 ml 1% lignocaine vs 1ml 1% lignocaine. Given by Rheumatologists. Prednisone equivalent = 50 mg.</p>	<p>No significant difference between steroid and control at 2, 4 or 12 weeks follow-up with respect to visual analogue scale pain, and range of movement. Outcome at 12 weeks term used 'complete remission' E=9/28 C=7/27</p>	<p>2/5</p>
<p>(Berry, 1980)²² Rotator cuff tendonitis (duration not specified. Included were those with pain on resisted movements of the shoulder, loss of abduction. Excluded were those with a frozen shoulder; underlying fracture; associated inflammatory arthritis, kidney or liver disease, blood disorder or malignancy, mental disorder likely to interfere with assessment, severe indigestion or peptic ulceration and gastrointestinal condition likely to affect drug absorption. Pregnant women were also excluded) Age mean = 51–56 years Conducted in the UK</p>	<p>Intra-articular steroid injection (methyl prednisolone 40 mg) plus local anesthetic with placebo. Given by a Rheumatologist. Prednisone equivalent = 50 mg.</p>	<p>Equally effective as steroid with NSAID; ultrasound; placebo ultrasound with placebo, NSAID and acupuncture with respect to visual analogue scale pain and shoulder abduction. Outcome at 4 weeks term used 'success' E=6/12 C=3/12</p>	<p>2/5</p>
<p>(De Jong, 1998)¹⁸ Frozen shoulder duration not specified. Included were those with pain in shoulder and arm with a restriction of passive range of the shoulder i.e. restriction of external rotation of 45 degrees or more and waking up at night due to shoulder pain and no other clinical or radiological evidence for similar symptoms. Age mean = 54–55 years. Conducted in Holland</p>	<p>Intra-articular injection steroid (triamcinolone acetonide 40 mg) vs 10 mg dose weekly for 3 weeks. Given either by an Orthopedic surgeon or a Rehabilitation specialist. Prednisone equivalent = 50 mg.</p>	<p>40mg dose greater pain relief & improvement in movement compared with 10 mg. Outcome at 6 weeks term used 'full recovery' E=9/24 C=4/29</p>	<p>3/5</p>
<p>(White 1986)²³ Rotator cuff tendonitis. Age 22–81 years. Included were those with painful arc during active abduction between 40 degrees and 120 degrees; pain of less than 12 weeks duration; no acute calcific tendonitis; no systemic inflammatory arthritis; no frozen shoulder; no contraindications to NSAIDs; no acromioclavicular arthritis or isolated bicipital tendonitis or major rotator cuff tear. Conducted in the US</p>	<p>Subacromial bursa injection of 40 mg triamcinolone acetonide vs indomethacin 25 mg 4 times daily until no pain. Given by Internal medicine specialists. Prednisone equivalent = 50 mg.</p>	<p>Outcome at 6 weeks no difference between groups term used responder with a global assessment score ≤ 4 E= 9/15 and C (indomethacin =10/15</p>	<p>1/5</p>

C= control. E= experimental intervention. MRI = magnetic resonance imaging. NSAID = non steroidal anti-inflammatory drug.